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Supplement attached 184	
ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  State File No.	
1. PLACE OF BIRTH  STANDARD CERTIFICATE OF BIRTH  Registered No.	
County Dila State Urizona	
District or Township or Village	
City No. 5 Orto 100 Otto St. Ward  (If birth occurred in a bospital or institution, give its NAME instead of street and number)	
2. Full name of child Rosa Chiquete	If child is not yet named, make supplemental report, as directed.
3. Sex of Child   To be answered ONLY   4. Twin triplet or other 6. Legitimate?   7. Date   10.27	
Temule births. 5. No., in order of birth.	yle of birth / Mark 28-1/2/.  Month Day Year
s. FATHER	14. MOTHER O
Full manie Carlos Chiquete	Full maiden name Nosa Ulcala
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)  Whame
If non-resident, give place and state. (Augura	If non-resident, give place and state. Unging
10. Color or race	16 Color or race
Mel- 11. Age at last birthday 33 (Years)	Met. 17. Age at last birthday (32 (Years)
12. Birtheplace (city or place) Sinaloa	18. Birthplace (city or place) Smalon
(State or country) Mex.	(State or country) Mey.
13. Occupation	19. Occupation
Nature of Industry	Nature of industry
20. Number of children of this mother	nd now living 3 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive be certified and including this child.)	ut now dead / thatma neormatorum
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
(Born alive or stillborn)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from a supplemental report Address Mami - Uryona.	
135-628-911 Filed my 1 19 Y) Re-6.	
Registrar	Registrar

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